

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 59     | 2/1/01   |
| FORMALITY REVIEW          | 2/3      | 5C861  | 2/20/01  |
| RESPONSE FORMALITY REVIEW | MS       | 5C906  | 02/13/01 |

### INDEX OF CLAIMS

Rejected N  
 Allowed I  
 Canceled A  
 Restricted O  
 Non-elected  
 Interference  
 Appeal  
 Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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